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## BIB DATA SHEET

CONFIRMATION NO. 2440

<b>SERIAL NUMBER</b> 10/647,919	<b>FILING or 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> PC25246A	
<b>APPLICANTS</b> Paul Joseph Dominowski, Hickorg Corners, MI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/405,969 08/26/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/18/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 83
<b>INDEPENDENT CLAIMS</b> 3					
<b>ADDRESS</b> PHARMACIA & UPJOHN 7000 Portage Road KZO-300-104 KALAMAZOO, MI 49001 UNITED STATES					
<b>TITLE</b> Cattle reproductive disease vaccines					
<b>FILING FEE RECEIVED</b> 2532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		